

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/031333 ILLING DATE

APPLICANT'S

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10	1			
11	1			
12	2			
13				
14	2			
15	2			
16	2			
17	2			
18	2			
19				
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24	1			
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26	1			
27	1			
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50				
TOTAL IND.				
TOTAL DEP.	23			
TOTAL CLAIMS	34			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	34					